**REISSUE APPLICATION DECLARATION BY THE ASSIGNEE**Docket Number (optional)
GYRO04002

I hereby declare that:

The residence, mailing address and citizenship of the inventors are stated below.

I am authorized to act on behalf of the following assignee: Thomson Licensingand the title of my position with said assignee is: Patent Counsel

The entire title to the patent identified below is vested in said assignee.

Inventor

Thomas J. Quinn

Citizenship

U.S.A.

Residence/Mailing Address

5760 Harwood Lane, Los Gatos, CA 95032

Inventor

Citizenship

Residence/Mailing Address

☐ Additional Inventors are named on separately numbered sheets attached hereto.

Patent Number

5,898,421

Date of Patent Issued

April 27, 1999

Title of Invention

GYROSCOPIC POINTER AND METHOD

I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:

GYROSCOPIC POINTER AND METHOD.

the specification of which

☐ is attached hereto.☒ was filed on October 12, 2000 as reissue application number 09 / 642,250

and was amended on _____

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

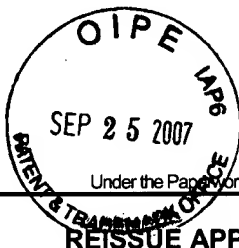
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/52 (07-03)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEEDocket Number (Optional)
GYRO04002

At least one error upon which reissue is based is described as follows:

Claims 1, 3, 4, 6, 13, 14 and 15 did not sufficiently claim all disclosed embodiments of the invention contained in the application as originally filed and as intended by applicant but not adequately communicated to applicant's attorneys of record in order to attain a scope of claims coverage to which applicant believes he is entitled. More specifically, claims 1, 3, 4, 6, 13, 14 and 15 did not sufficiently claim all disclosed embodiments of the invention contained in the application as originally filed since the claims recited, inter alia, "moving a displayed object" and did not more particularly recite effecting or controlling movements of "a displayable object" as now set forth in amended claims 1, 3, 4, 6, 13, 14 and 15.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:

☒ Practitioners at Customer Number: 24498**OR**☐ Practitioner(s) named below:

Name(s)	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Correspondence Address: Direct all communications about the application to:


☐ Customer Number**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Thomson Licensing				
Address	Two Independence Way				
Address	Suite 200				
City	Princeton	State	NJ	Zip	08540
Country	USA				
Telephone	818-260-3727	Fax	818-260-4956		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name)
Vincent Edward Duffy

Registration Number 39964

Signature 	Date September 21, 2007
Address of Assignee 46 Quai A. Le Gallo, F-92100 Boulogne-Billancourt, FRANCE	